



Office of Charitable Gaming
P.O. Box 98502, Baton Rouge, LA 70884
(225) 925-1835 or (800) 562-9235 FAX (225) 925-7069

FISCAL YEAR: 7/1/____ - 6/30/____

OFFICE OF CHARITABLE GAMING LICENSE APPLICATION FOR:

☐ Manufacturer ☐ Distributor ☐ Private Casino Contractor ☐ Commercial Lessor

☐ Original Application

☐ Renewal

☐ Modify Application

Previous State License Number - _____

Please type or print all information.

Official Name of Company (including DBA)		Company Federal Tax ID Number	
Physical Address / Location (Street, City, State, Zip Code)		Telephone Number of Company	Fax Number of Company
Official Mailing Address of Company (Street, City, State, Zip Code)		Parish / County	
Contact Person	Title / Position Held		
Mailing Address of Contact Person (Street, City, State, Zip Code)	Office Phone of Contact Person	Home Phone of Contact Person	
Physical Address of Gaming Supplies (Distributors and Manufacturers Only)			

The following information will be considered part of the application and must accompany this application before it can be processed.

NEW APPLICANTS ONLY:

1. Copy of the company's Articles of Incorporation, By-Laws and Charter, if applicable.
2. Copy of the company's registration with the Louisiana Secretary of State.
3. Include "Statement of Assets and Liabilities" and "Personal History Record" for all owners and distributors (see attached questionnaires).
4. **Manufacturers only** – Copy of Company's trademark / symbol that will appear on products manufactured.

ALL APPLICANTS:

5. Complete "Company's Official Information Sheet". (page 2)
6. Complete "Company's Stockholder's List". (page 3)
7. Complete "List of Louisiana Employees". (page 4)
8. Any other address(es) not listed above where gaming supplies are stored or business records maintained.
9. Signed copy of most recent Federal Business Income Tax Return for the company.
10. Copy of current signed lease agreement of electronic video gaming devices (if applicable).

11. **NON-REFUNDABLE LICENSE APPLICATION FEE:** **\$2,500 – Manufacturer** **\$250 – Distributor**
(Make check payable to: Office of Charitable Gaming) **\$ 200 – Private Casino Contractor** **\$500 – Commercial Lessor**

All information must be filled out completely. Any omission or illegible information may be cause for delay in approval. Attach requested supporting documents from the above list.

Distributors must be domiciled and reside in the State of Louisiana. The legally responsible person must sign application in the presence of a notary public.

I have read the foregoing application, and the contents therefore, and do hereby certify that the statements and information contained within this application are true and correct to the best of my knowledge. In addition, I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulation contained within LAC 42:1.1701 et seq.

President of Company (print)	Daytime Phone Number	President of Company (signature)	Date
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Sworn to and subscribed before me this _____ Day of _____, _____

Notary Public

Do not write below this line. For office use only.	
Check Number _____	<input type="checkbox"/> APPROVED
Receipt Number _____	
Date Entered _____	<input type="checkbox"/> DENIED
Initials _____	
Approved by _____ Date _____	



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Company's Officials Information Sheet

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Please use the following codes for "Position Held":

(P) President or Head of Organization

(VP) Vice President

(S) Secretary

(LA) Louisiana Agent(s)

(T) Treasurer

(D) Director(s)

ATTACH ADDITIONAL SHEETS AS NEEDED

Please type or print all information.

Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)			Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.			
<input type="checkbox"/> Yes	Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.		
<input type="checkbox"/> No			
Signature		Daytime Phone Number	Date

Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)			Position Held
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA R.S. 4:701 et seq. as well as the corresponding regulations contained within LAC 42:1.1701 et seq.			
<input type="checkbox"/> Yes	Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.		
<input type="checkbox"/> No			
Signature		Daytime Phone Number	Date

Last Name, First Name, Middle Initial		Social Security Number	Date of Birth
Complete Home Address (Street, City, State, Zip Code)			Position Held
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<input type="checkbox"/> Yes	Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal, state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation.		
<input type="checkbox"/> No			
Signature		Daytime Phone Number	Date

OCG211 (04_03)

NOTE: Any changes in officers, directors, or gaming management must be filed with the Office of Charitable Gaming within 10 days of the change and requires signature of a current official listed with the Office.



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COMPANY STOCKHOLDERS LIST

State License Number _____

NOTE: List **ALL** stockholders for closely held corporations and **ALL** stockholders owning more than 2% for publicly traded corporations. Amend you company's stockholders list as often as necessary to keep the Office of Charitable Gaming's list current.

Attach additional sheets as needed.

Please type or print all information.

Last Name, First Name, Middle Int.	Complete Home Address (Street, City, State & Zip Code)	Social Security Number	Date of Birth	Ownership %	For Official Use Only

